NCADD MARYLAND

To: Rebecca Pearce, Executive Director, Health Benefit Exchange

From: Nancy Rosen-Cohen, Executive Director
National Council on Alcoholism and Drug Dependence, Maryland Chapter

Date: November 22, 2011

Re: Public Comment: Advisory Committees

These comments are submitted in response to the Health Benefit Exchange Advisory Committee reports. The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) is a statewide organization that works to influence public and private policies on addiction treatment and recovery, reduce the stigma associated with the disease, and improve the understanding of addictions and the recovery process. We advocate for and with individuals and families who are affected by alcoholism and drug addiction.

NCADD-Maryland's representatives have attended many meetings of the Advisory Committees and provided feedback to some of its members individually. There are a couple of specific recommendations we make here to the Board for consideration for its recommendations to the Governor and General Assembly.

First, **we strongly urge Maryland to take a proactive role in determining what its Qualified Health Plan (QHP) benefit package will include**. Waiting until the federal government issues its recommendation could waste valuable time in not just determining what the costs would be to including certain covered services, but also in analyzing the cost benefits to providing those services.

The provision of addiction treatment services is a prime example of a service that while adding to the overall cost of a benefit package, would avert other direct health care costs, such as emergency room visits and hospital admissions. Because many of us believe the essential benefit package that the U.S. Department of Health and Human Services will announce next year will include a bare minimum of services, we believe it is in Maryland's financial interest to be proactive in determining the cost benefit of covering certain services.

We also believe this is important because of the relatively rich addiction treatment services covered by Maryland's Medicaid program. With the high churn of enrollees expected between Medicaid and QHPs, it would not only disadvantage individuals and their families, but the broader community and the State treasury as well if there is a significant difference in benefits between Medicaid and QHPs, leading to a disruption in the continuity of care. This will result in ineffective treatment services, an increase in relapses, higher health care costs, and negative repercussions in the broader community.

Second, **we strongly urge that in the Navigator model that is recommended, there is some level of expertise required in helping people who need addiction treatment and mental health services**. In a model where navigators can have specialty areas or where navigator organizations can subcontract with such organizations, we believe it will be important to have available to people seeking health insurance navigators who have some knowledge of which plans have better coverage of such services, both in terms of levels of care covered and their network of providers.

We also support in any model adopted, that if providers end up taking on the role of navigator in geographic areas or in specialty areas (such as behavioral health) where there are not enough navigators to assist people in the Exchange, that those providers be properly reimbursed for those services.

We look forward to continuing to work with you on the implementation of the Affordable Care Act.